

MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

INCORPORATED PRIVATE NONPROFIT PRIVATE RESIDENTIAL CHILD CARE FACILITY

Name of Corporation Name of Child Care F <i>Physical Location</i> Mailing Address		
nonprofit residential	child care facilities that	ald care facilities. Sales to incorporated private at are licensed by the Department of Health and 2007, c. 438, §59 (AMD); PL 2015, c. 300, Pt. A,
	titution incorporated? Yenstitution received 501(c	es No) nonprofit status from the IRS? Yes No
IN ORDER TO PROC	CESS THE APPLICATION	ON THE FOLLOWING <u>MUST</u> BE INCLUDED:
2. Copy of the IRS de 3. Copy of the license 4. Please forward any provide details regard Note: All information con Maine Revenue Services r	termination letter indicate issued by the Departme licenses, publications is ing purpose, mission and tained on this application is smay request additional information.	ell as a copy of the Constitution and/or By-laws; ting 501(c) nonprofit status; nt of Health and Human Services; sued to or by your organization which would d/or services offered, if applicable. Subject to VERIFICATION by Maine Revenue Services. Internation or documentation necessary to determine eligibility.
is an incorporated no	ax exemption certificate	care facility. I therefore request that a sales, use be issued to the above organization pursuant to 36
Date:		Signature:
Tel:		Printed Name:
Fed ID:		Title:
Email:		Date Facility Opened:
_		O. Box 1060, Augusta, ME 04332-1060
APP-107 (Rev 03/202	.0)	

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